U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 16063

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

7 / 1 / 2004 Through: 6 / 30 / 2005

4. Name, file number, and address of labor organization.

Name James W McCausland	Name Carpenters Local Union # 1159
	Labor Organization File Number 036308
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any
Street 1931 Rt. 35 North	Street 2709 Jackson Avenue
City Pliny	City Point Pleasant
State West Virginia ZIP Code + 4 25158	State West Virginia ZIP Code + 4 25550
5. Position in labor organization. Conductor	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City [\$0
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
signed by While land	On 8/11/2005 304-675-4260
	Date Telephone Number
Form LM-30 (2003) Page 1 of 2	

Name of Person Filing James McCausland	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business stively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name 2	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street	c. Employer
СНУ	1
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount. \$0
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	der parts A and B above) by or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
42 h Jahle Burkana - Furnisma	14.b. Amount of payment.